

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
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SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION RESOURCE RECOVERY FACILITY FOR JULY 1, 2006 - JUNE 30, 2007

I. **FACILITY LICENSE NUMBER** _____ **TAX ID NUMBER** _____

II. **NAME OF FACILITY** _____

III. **FACILITY LOCATION**

Street or Route Number **(DO NOT USE P.O. BOX)**

City State Zip County

IV. **MAILING ADDRESS**

Street or P.O. Box

City State Zip

V. **NAME OF LICENSEE** _____

VI. **CONTACT PERSON** (Person who may be contacted about the operations of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name _____

VII. **CONTACT INFORMATION**

(Work) _____ (Cell Phone) _____

(Fax) _____ (E-mail) _____

VIII. **MAILING ADDRESS OF CONTACT PERSON**

Street or P.O. Box

City

State

Zip

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No ()

Note:

No more than one landfill, or other Class II facility, may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. **NUMBER OF FACILITIES** (Enter number of facilities you operate under the Facility License Number in Section II) _____

B. **SERVICE AREA** (List all areas served by your facility or system)_____

C. **POPULATION OF SERVICE AREA**_____

D. **ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004**_____Tons

E. **FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004.**

_____#Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = _____Tons
e.g. packer truck

_____#Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = _____Tons

Provide copies of the waste measurement records (monthly summaries acceptable).

X. QUESTIONNAIRE (Answers provide information on the status of waste handling in the state.)

- A. Did you operate a composting program? Yes () No ()

List the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

WASTE	VOLUME OR TONS
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

What composting method was used? (Windrows, static aerated piles, etc.)_____

Is this activity presently described in your operation and maintenance plan on file with the Department? Yes () No ()

- B. How do you assess fees for acceptance/disposal of material? (Check methods that apply)

1. Tipping fee at gate

\$_____/ton

\$_____/cubic yard

And/or

2. Service charge/tax assessment \$_____
Annual residential rate \$_____

Does this rate include residential pickup? Yes () No ()

How much is the disposal charge. \$_____

3. Other (describe)_____

- C. Has the design capacity or operating plan of your facility changed in the last five- (5) years?
Yes () No ()

- D. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, 2005.
Tonnage_____OR_____Cubic Yards

- E. Is your facility required to monitor the quality of the ground water? Yes () No ()
Check the phase of monitoring your facility is in at the time this questionnaire is completed.

_____ Detection Monitoring
_____ Assessment Monitoring
_____ Corrective Measures

F. Does your facility currently have storm water detention or retention ponds?
Yes () No ()

G Does your facility have a Montana Pollution Discharge Elimination System (MPDES)
permit? Yes () No ()

MPDES Permit Number_____

H. How many employees (full time equivalent) work in your solid waste program? _____
How many hours of safety training did they receive last year? _____
Hazardous waste training? _____
Solid waste operators training? _____

I. Have you submitted an annual closure/post-closure plan update to the Department?
Yes () No ()

J. If not, by what date will you submit the update? _____
(Required)

K. The Department is periodically contacted by research organizations, sales personnel, and
members of the general public requesting mailing lists for Montana Solid Waste Facilities.
State law prohibits the Department from providing a mailing list to non-governmental
individuals without the operator's permission. **Do you want your facility name released for
use on mailing lists.** Yes () No ()

XI. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the
certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my
knowledge and belief.

Authorized Signature:_____

Print Name Here:_____

Title:_____ **Date:**_____

In order to provide meaningful training for facility operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

1. _____

2. _____

3. _____

Please provide any additional comments or suggestions regarding Departmental training for facility operators.
